

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001333 AF

DOCUMENT # M96000000494

1. Entity Name  
TOMMY BAHAMA SARASOTA, LLC

FILED

01 MAY 24 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1071 6TH AVE., 11TH FLOOR  
NEW YORK NY 10018

Mailing Address  
1071 6TH AVE., 11TH FLOOR  
NEW YORK NY 10018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
300 JOHN RINGLING BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SARASOTA, FL

City & State

4. FEI Number 13-3916632

Applied For  
Not Applicable

Zip  
34236

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

TITLE C ☐ Delete  
NAME SANDRA CLARK  
STREET ADDRESS 1071 6TH AVE., 11TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10018

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

5/23/07 (212) 391-8688

CR2E083 (11/00)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #